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Interest Arbitration in Ontario Hospitals: Result of an Attitude Survey of Union and Management Officials

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Résumé de l'article

Des études antérieures traitant des conflits d'intérêts dans les hôpitaux en Ontario se fondaient sur les opinions des arbitres engages dans le système ainsi que sur celles d'autres personnes intéressées aux arbitrages. La présente étude repose sur une enquête au sujet des perceptions que s'en font les dirigeants des hôpitaux et des syndicats.

Des questionnaires pressentant 22 énoncés sur différents aspects de l'arbitrage des conflits d'intérêts ont été adresses à 566 administrateurs dans plus de 141 hôpitaux publics ainsi qu'à 143 sections locales de *l'Ontario Nurses Association.* Sur ce nombre, on a pu utiliser 196 réponses, soit pour l'analyse factorielle ou discriminante. L'analyse factorielle a dévoilé que les répondants n'étaient pas satisfaits des présidents des tribunaux d'arbitrage non plus que de leurs décisions. Toutefois, ils favorisaient dans une certaines mesure le processus de règlement des impasses et se préoccupaient de la nécessité de négociations et d'arbitrages efficaces. L'analyse discriminante qui portait sur les comparaisons entre les deux groupes a montre que les administrateurs s'inquiétaient davantage des connaissances insuffisantes des présidents de conseils d'arbitrage et du temps demeure nécessaire pour en arriver à une décision. Les dirigeants des syndicats étaient du même avis, mais selon un ordre différent. L'étude a aussi révèle qu'administrateurs et chefs syndicaux dans les hôpitaux ontariens aimeraient qu'on mette à leur disposition des arbitres à temps plein ayant une connaissance convenable de l'administration et des soins hospitaliers. Les dirigeants syndicaux souhaiteraient en outre que des délais soient fixes par la loi en matière de procédure d'arbitrage alors que les représentants des employeurs préconiseraient la nécessité de nouvelles voies d'accès en vue de résoudre les impasses. En conclusion, l'article traite des implications de cette enquête sur le rôle du gouvernement touchant la procédure à établir en matière d'arbitrage des conflits d'intérêts dans les hôpitaux en Ontario.

Interest Arbitration in Ontario Hospitals

Result of an Attitude Survey of Union and Management Officials

P. Andiappan
R. Julian Cattaneo
and
John Murphy

The study focuses on the perceptions that union and management officials have of interest arbitration in Ontario hospitals.

Management-union negotiations in the health sector have been constrained by the widely held view that health service to the public should not be jeopardized by work stoppages. On the other hand, it is also argued that all workers must be free to use all reasonable means to obtain adequate settlements, and that the right to strike is a basic right.

Interest arbitration procedures are set up to facilitate settlement of contract disputes when the right to strike is denied; however, these procedures have led to opposing positions taken by employers, unions and researchers who focus on the advantages and disadvantages of the use of various types of interest arbitration (Blouin, 1982; Brown, 1968; Downie, 1979; Feuille, 1979; Kochan, 1978; Thompson and Cairnie, 1973). In this study, attention is focused more on the perceptions that union and management officials have of interest arbitration in Ontario hospitals, than on the advantages and disadvantages of using interest arbitration.

The pressures to provide a strike-free health service led the Ontario government to prescribe compulsory arbitration for interest disputes in 1965. While the nurses represented by the Ontario Nurses' Association (ONA) and the hospitals endorsed the concept of conventional interest arbitration at that time, disenchantment with the mechanism of the arbitra-

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tion provisions began to grow (ONA, *Newsletter*, 1981; Ponak and Haridas, 1979). Other unions, such as the Canadian Union of Public Employees, have often been much more critical of interest arbitration and have, occasionally, openly defied the law requiring arbitration (Deverell, 1982; Howie and McFarlane, 1981).

Several shortcomings of the *Hospital Labour Disputes Arbitration Act* are noted by various studies (Adams, 1981; Carrothers, 1980; and Swan, 1978) and by the Hospital Enquiry Commission Headed by Johnston (Johnston, Alden and Tirrell, 1974). The most significant of these are the lack of criteria which would serve to guide arbitrators in designing awards, long delays in arriving at an arbitration award and the lack of good faith bargaining that seems to go with compulsory interest arbitration. However, no changes in the law were made in spite of various suggestions made in the Johnston Report, which was based on public hearings in which hospital and union officials participated. In the ten years since the publication of the Johnston Report, no study involving a survey of the attitudes of union and management officials in Ontario hospitals was reported.

This study was undertaken with the belief that a systematic survey of the perceptions of hospital and union officials is necessary to evaluate the interest arbitration procedures used in Ontario hospital labour disputes. Previous studies evaluating arbitration in Ontario hospitals are based on the opinions of arbitrators involved in the system and of others interested in arbitration.

METHOD

Questionnaires were mailed to 566 administrative officers in the 141 public hospitals and in the 143 Ontario Nurses' Association (ONA) locals representing 32 205 nurses. 196 usable responses (70 from unions and 126 from hospitals) were received, yielding a response rate of 34,6 percent. The questionnaire contained twenty-two statements which were derived from a survey of the literature on interest arbitration. (For example, see Feuille, 1979; Johnston, Alden and Tirrell, 1974; Nash, 1976). The respondents were asked to indicate the degree with which they either disagreed or agreed with each statement on a seven point Likert-type scale.

Most of the respondents from ONA locals held the position of either President or Vice President with 2 years' average experience and all were female, reflecting the predominantly female membership. Executive directors and employee relations directors, mostly male and with 6 years' average

experience, provided most of the responses from the management side. Fifty percent of the union respondents and 69 percent of the management respondents had participated in arbitration hearings; over 90 percent of all respondents had experience in negotiations.

RESULTS

Factor Analysis

The twenty-two variables, statements with which the respondents indicated their degree of agreement or disagreement on a seven point Likert-type scale ranging from 1, «strongly disagree» to 7, «strongly agree», were subjected to factor analysis. The unrotated factor matrix identified seven factors with eigenvalues (the sum of squared factor loadings which give the correlations between variables and factors) over 1,00, accounting for 57,4 percent of the total variance (see Table 1).

This factor matrix was rotated using varimax orthogonal rotation: rotating the axes on which the variables have been located while keeping the axes at right angles to one another, thus attempting to make the factor loadings as close to zero or 1,00 as possible. The objective of this rotation is to make the factors more interpretable.

TABLE 1

Eigenvalues and Percent and Variance Extracted in Unrotated Principal Component Factor Solution

Factor	*Eigenvalue*	*Percent of Variance*	*Cumulative Variance*
1	3,35039	15,2	15,2
2	2,27782	10,4	25,6
3	1,80911	8,2	33,8
4	1,55941	7,1	40,9
5	1,31936	6,0	46,9
6	1,17438	5,3	52,2
7	1,13563	5,2	57,4

TABLE 2

Varimax Rotated Factor Matrix

Item	*Factor 1*	*Factor 2*	*Factor 3*	*Factor 4*	*Factor 5*	*Factor 6*	*Factor 7*
1	**0,63735**	-0,14258	0,11580	-0,12146	-0,14171	0,12656	-0,02904
2	**0,61631**	0,03575	0,08810	-0,13428	-0,02529	0,10626	-0,01143
3	0,22758	-0,06308	-0,06061	0,09887	-0,04492	**0,34713**	0,24847
4	0,01639	-0,02888	-0,01759	-0,03626	-0,00027	0,02795	**0,59761**
5	-0,01571	0,14710	0,12099	0,02770	0,02194	0,27201	0,02340
6	**0,31869**	0,01325	**0,59436**	-0,00935	0,07829	-0,06653	0,03265
7	-0,06407	0,00026	0,01852	**0,40855**	-0,06222	0,19997	-0,00609
8	0,04917	0,00146	**0,32737**	0,08365	0,11136	0,13222	0,19237
9	0,10425	0,04200	0,06609	**0,68879**	-0,00508	**0,33496**	0,08390
10	0,27813	-0,08300	-0,24102	0,04716	**0,41529**	-0,10572	-0,04124
11	**0,48132**	-0,23320	0,09246	-0,03112	-0,08183	-0,00403	0,07502
12	**0,66545**	0,07457	0,08653	-0,14993	-0,07122	-0,24008	0,07637
13	-0,00508	**0,56713**	**-0,32753**	0,05056	-0,09346	0,14226	-0,19080
14	-0,03204	-0,03907	**0,56621**	0,19588	-0,10617	-0,06871	-0,16797
15	-0,11881	-0,02070	0,09043	**0,41274**	0,18810	0,09456	-0,10729
16	0,22199	-0,05414	-0,07779	0,19425	**-0,36622**	-0,00005	0,09161
17	-0,26962	0,01903	**-0,46513**	0,28377	0,26961	-0,01071	0,09262
18	**-0,34018**	0,03431	0,02415	**0,31346**	**0,67610**	-0,04726	0,20100
19	**0,41377**	**-0,41818**	-0,00159	0,13181	0,14014	-0,02143	-0,04001
20	-0,04890	0,14458	-0,23567	-0,03003	-0,10672	**0,38186**	-0,03652
21	-0,02274	**0,67515**	-0,04205	0,10167	0,06509	0,25548	-0,09831
22	-0,17641	**0,55601**	0,23507	-0,11667	0,08539	-0,10281	0,22866

The rotated factor matrix is shown in Table 2. Only one of the 22 original variables, (item 5, «the awards of arbitrators are predictable») did not load significantly on any factor. Most of the other variables loaded significantly on only one factor, although four items loaded on two factors and one item loaded on three.

For greater ease in interpreting these results, the variables loading significantly on each of the seven factors are shown in Table 3. In addition to the factor loading, this table shows the mean and standard deviation for each item.

TABLE 3

Significant Factors and Respective Significant Loadings

Item No.	*Factor Loading*	*Mean* *	*Standard Deviation*	*Statement*
Factor One: Disapproval of interest arbitration chairpersons and awards				
12	0,66545	2,944	1,468	Individuals who serve as chairpersons are properly trained for their duties
1	0,63735	3,714	1,707	The chairperson of an interest arbitration board understands the concerns of both the nurses' union and hospital management
2	0,61631	2,097	1,179	Interest arbitration awards are translated into practice with ease
11	0,48132	3,291	1,493	All of the facts presented at a hearing are considered in an arbitration award
19	0,41377	4,225	1,837	Conventional interest arbitration is the best means of resolving hospital collective bargaining issues at this time
6	0,31868	3,551	1,957	An «ad hoc» arbitration board is preferable to one which would have permanent members
18	-0,34018	5,199	1,365	The chairperson of an arbitration board fails to understand the working conditions of hospital nurses
Factor Two: Willingness to comply with the H.L.D.A.A.				
21	0,67515	3,668	1,905	*Ontario's Hospital Labour Disputes Arbitration Act* should be amended to make interest arbitration voluntary
13	0,56713	4,306	1,924	Negotiations between hospital management and nurses' unions would be more productive if interest arbitration were not compulsory
22	0,55601	2,862	2,128	Hospital nurses should be allowed to strike
19	-0,41818	4,225	1,837	Conventional interest arbitration is the best means of resolving hospital collective bargaining impasses at this time
Factor Three: Concerns for effective negotiation and interest arbitration				
6	0,59436	3,551	1,957	An «ad hoc» arbitration board is preferable to one which would have permanent members
14	0,56621	5,082	2,154	Negotiations between nurses' unions and management must include quality of patient care

Item No.	*Factor Loading*	*Mean* *	*Standard Deviation*	*Statement*
8	0,32737	3,781	1,908	Proceedings of interest arbitration hearings should be reported by the news media
13	-0,32753	4,306	1,924	Negotiations between hospital management and nurses' unions would be more productive if interest arbitration were not compulsory
17	-0,46513	4,913	1,369	The chairperson of an arbitration board fails to understand the economic and political aspects of managing a hospital
Factor Four: Recognized weaknesses in arbitration awards				
9	0,68879	5,036	1,517	The wording of arbitration awards makes them difficult to understand
15	0,41274	6,235	1,084	The entire interest arbitration process takes too much time
7	0,40855	5,214	1,732	*Ontario's Hospitals Labour Disputes Arbitration Act* should spell out the criteria arbitrators are required to use in arriving at their decision
18	0,31346	5,199	1,365	The chairperson of an arbitration board fails to understand the working conditions of hospital nurses
Factor Five: Constraints of interest arbitration hearings				
18	0,67610	5,199	1,365	The chairperson of an arbitration board fails to understand the working conditions of hospital nurses
10	0,41529	2,770	1,6028	An arbitration *hearing* serves as a better forum for resolving disputes than the negotiations
16	-0,36622	5,378	1,396	The sex of the chairperson of an arbitration board is not important
Factor six: Affinity for change				
20	0,38186	3,010	1,800	Final offer arbitration (arbitrator chooses either management's final offer or union's final demand without alteration) is preferable to conventional interest arbitration
3	0,34713	4,117	1,643	Arbitrators tend to split the differences between union and management in designing the award
9	-0,33496	5,036	1,517	The wording of arbitration awards makes them difficult to understand
Factor Seven: Rejection of precedence in awards				
4	0,59761	3,260	1,751	Arbitration awards *should be* based on precedent

*1 = Strongly Disagree, 7 = Strongly Agree

Examination of the seven items which loaded significantly on factor one revealed that most statements (items) referred directly to the chairperson of interest arbitration boards and to interest arbitration awards. While the items numbered 12, 1, 2, 11 and 6 were worded to be supportive of chairpersons and awards, all items had a mean response of less than 4,00, indicating that respondents tended to disagree with the statements. Item 18, which was worded to disparage arbitrators, had a mean response of 5,20, indicating that the respondents tended to concur. The response to item 19 showed slight agreement with the idea that conventional arbitration was the best way to resolve collective bargaining impasses at the time. This factor suggests that the respondents viewed arbitrators and interest arbitration awards with disapproval, while offering mild support for the impasse settlement process.

The items which loaded significantly on factor two involved conditions imposed by the *Hospital Labour Disputes Arbitration Act*. The respondents recorded mild agreement toward the proposal that collective bargaining would be more productive if interest arbitration could be made non-compulsory; however, the respondents strongly disagreed with the statement that nurses should be allowed to strike. Conventional interest arbitration was seen as a better means of resolving impasses in negotiations than allowing nurses to strike. Factor two can thus be interpreted as indicating a favorable reaction to the legislation in regard to the arbitration procedure.

The gist of the statements with significant loadings on factor three portrayed the respondents' concern for effective negotiations and interest arbitration. Item 6 represented the highest loading on the factor and its statement implied that the respondents viewed permanent arbitration boards as preferable to the ad hoc boards appointed under present practice; a permanent board is apt to gain a better understanding of the economical and political aspects of managing a hospital. The mean response to item 14 revealed that the respondents agreed to including the quality of patient care in negotiations between nurses' unions and management; however, the relatively large standard deviation suggests that a wide variation in opinion existed among the respondents. Factor loadings for items 8 and 13 reflect the concern of the respondents to make collective bargaining more effective by making interest arbitration non-compulsory and by withholding information from the public while a hearing is in progress.

From the statements of the items which loaded highly on factor four it can be seen that all related either directly or indirectly to deficiencies which surround the handing down of interest arbitration awards. The highest factor loading on item 9 showed that most respondents tended to agree that the wording of awards made them difficult to understand. Less significant

loadings on items 15 and 7 reflected the respondents' agreement that too much time was consumed in reaching an arbitrated settlement and that legislated criteria should be made available for arbitrators to follow in designing an award. Item number 18 also loaded on this factor, but less than the other three items. The failure of the arbitrator to understand the working conditions of hospital nurses likely becomes most apparent after an award is handed down and the expectations of the nurses or managers are not met.

Loadings for factor five highlight the constraints of interest arbitration hearings. The factor loadings for items 18 and 10 were highest. The respondents tended to agree that the chairperson of an arbitration board fails to understand the working conditions of hospital nurses while disagreeing with the statement that an arbitration hearing resolves disputes better than negotiations. The themes of the statements seemed to convey a need for productive negotiations.

By scrutinizing the significant factor loadings for factor six it was seen that the three factor loadings were moderately significant. The respondents disagreed with the proposed change from conventional interest arbitration to a final offer system. While the respondents agreed that the wording of interest arbitration awards made them difficult to understand, there was no clear-cut decision on the statement of item 3, which accused arbitrators of splitting the difference when designing their award. The three statements, when viewed together, appear to disclose that the respondents are reluctant to change to a final offer arbitration system but would welcome a change in the wording of arbitration awards. The respondents displayed different attitudes to change. Lastly, item 4, the only significant loading on factor seven, makes it apparent that the respondents disagreed with the suggestion that arbitration awards should be based on precedent.

Discriminant Analysis

Factor scores of the respondents constituted the basic input for discriminant analysis. After assigning the respondents to one of two groups, the mean factor scores were calculated and tested for significant differences between these groups. Three classifications were analyzed: respondents from union versus respondents from management, respondents from smaller hospitals versus respondents from larger hospitals, and respondents who had not participated in interest arbitration hearings versus respondents who had participated in interest arbitration hearings. Predictions of group membership were undertaken using three separate discriminant analyses for each of the dichotomies.

Management versus Union Groups

Group mean factor scores for management and union groups are shown in Table 4 along with the respective F values and measures of significance. The management group had mean factor scores which were significantly lower on factors three and five but significantly higher on factor six. Management respondents differed from the union group in the way they viewed their concerns for effective negotiations and interest arbitration, constraints in arbitration hearings and affinity for change. Six of the seven factors were included in the discriminant function which distinguished members of the management group from those of the union group. Factor two was not included. A final Wilks' lambda of 0,3849 and a canonical correlation of 0,784 indicated that considerable discriminating power existed in the six factors. The discriminant function correctly classified 89,8% of respondents.

TABLE 4

Group Mean Factor Scores and Tests for Significant Differences

Union versus Management

	Group Means			
Factor	*Union (n = 70)*	*Management (n = 126)*	*Univariate F*	*Significance*
1	0,11750	-0,06528	1,997	0,1592
2	-0,01157	0,99643	0,020	0,8870
3	0,79008	-0,43893	213,100*	0,0000
4	0,13813	-0,97647	3,136	0,0782
5	0,26601	-0,14778	12,590	0,0005
6	-0,24828	0,13794	13,740*	0,0003
7	0,12860	-0,07145	3,489	0,0633

(* significant @ alpha < 0,05, d.f. = 1,194)
Wilks' lambda = 0,38488, Canonical correlation = 0,78430, sig. < 0,001
Percentage of «grouped» cases correctly classified = 89,80

Respondents From Smaller Versus Larger Hospitals

Group mean factor scores for the respondents from smaller and larger hospitals are shown in Table 5 along with respective F values and measures of significance. The group from smaller hospitals had a mean factor score which was significantly different from the group mean of larger hospitals

on factor seven. Respondents from smaller hospitals expressed a great degree of rejection to the statement that interest arbitration awards should be based on precedent. Five of the seven factors were included in the discriminant function which distinguished members of the smaller hospital group from the larger hospital group. A final Wilks' lambda of 0,8938 and a canonical correlation of 0,326 indicated that the five factors were of marginal discriminating power; 65,8 percent of respondents were correctly classified by the discriminant function.

TABLE 5

Group Mean Factor Scores and Tests for Significant Differences

Smaller hospitals versus Larger hospitals**

	Group Means			
Factor	*< 200 beds (n = 85)*	*> = 200 beds (n = 111)*	*Univariate F*	*Significance*
1	0,08491	-0,06502	1,443	0,2327
2	-0,11574	0,08863	2,836	0,0938
3	0,02614	-0,02002	0,153	0,6958
4	0,09083	-0,06955	1,857	0,1746
5	0,11387	-0,08720	3,033	0,0832
6	-0,04452	0,03409	0,570	0,4511
7	-0,18714	0,14311	10,550*	0,0014

(* significant @ alpha < 0,05, d.f. = 1,194)
Wilks' lambda = 0,89380, Canonical correlation = 0,32589, sig. < 0,001
Percentage of «grouped» cases correctly classified = 65,82
** The group of smaller hospitals consisted of those respondents from hospitals with less than two hundred beds, while the group of larger hospitals consisted of those respondents from hospitals with two hundred or more beds.

Non-Participants versus Participants in Interest Arbitration Hearings

Group mean factor scores for the non-participants and participants in interest arbitration hearings are shown in Table 6 along with the respective F values and measures of significance. The group of non-participants had a mean factor score which was significantly different from the group of participants on factor three. Non-participants differed from the participants in the way that they viewed their concerns for effective negotiations and interest arbitrations. Two of the seven factors were included in the discriminant function which distinguished non-participants from participants in interest

arbitration hearings. A final Wilks' lambda of 0,9372 and a canonical correlation of 0,251 indicated that the two factors were of fairly low discriminating power; 61,2 percent of respondents were correctly classified.

In addition to the 22 items discussed above, the questionnaire also contained certain open-ended questions. Analysis of the responses to open-ended questions shows that respondents from the nurses' union were evenly divided in their overall feelings about interest arbitration, as one-half appeared supportive, while the remainder viewed the mechanism in a negative light. Respondents from hospital management tended to be more critical of interest arbitration, as two-thirds registered feelings of dissatisfaction. The remainder of the managers indicated that they accepted the mechanism for its ability to curb strikes; however, they frequently maintained that the system could be improved.

A second open-ended question requested the respondent to indicate the most serious limitations of the interest arbitration process. Upon ranking the frequency of different responses, it was found that the excessive time required to reach a settlement and the chairperson's lack of understanding were mentioned most often by both groups. On the one hand, respondents from management mentioned the chairperson's inadequacies most fre-

TABLE 6

Group Mean Factor Scores and Tests for Significant Differences

Non-Participants versus Participants in Interest Arbitration**

	Group Means			
Factor	*Non-Participants (n = 74)*	*Participants (n = 122)*	*Univariate F*	*Significance*
1	-0,02749	0,01668	0,118	0,7313
2	-0,00763	0,00463	0,010	0,9219
3	0,23677	-0,14361	10,500*	0,0014
4	0,11266	-0,06833	2,267	0,1338
5	-0,00269	0,00163	0,001	0,9710
6	-0,02577	0,01563	0,151	0,6980
7	-0,05016	0,03043	0,571	0,4508

(* significant @ alpha < 0,0500, d.f. = 1,194)
Wilks' lambda = 0,93722, Canonical Correlation = 0,25056, sig. < 0,002
Percentage of «grouped» cases correctly classified = 61,22

** The group of non-participants consisted of those respondents who had never participated in interest arbitration hearings, while the group of participants consisted of those respondents who had participated in interest arbitration hearings.

quently and the time factor as the second most frequent limitation. On the other hand, respondents from the nurses' union cited the excessive time most frequently and the chairperson's inadequacies as the second most frequent limitation. The third most common limitation expressed by the union group was the ambiguous wording of awards, whereas the management group stated the detrimental effect that compulsory arbitration had on negotiations.

When asked for suggestions to improve interest arbitration, both groups identified the chairperson as their most popular target for improvement. Union representatives urged that chairpersons should be familiar with nurses and hospitals. Management officials went one step further by recommending that full-time hospital arbitrators should be appointed. The second most frequent suggestion from the nurses' group was the need for legislated time limits for arbitration proceedings, while respondents from management advocated the need for more novel approaches to be used in the settling of collective bargaining impasses.

SUMMARY AND LIMITATIONS

The analysis of the responses from administrative officers in Ontario Hospitals and Nurses' Union locals indicates concern with the following issues:

a) Disapproval of chairpersons of the arbitration boards and their awards
b) Willingness to comply with the *Hospital Labour Disputes Arbitration Act*
c) Concerns about the need for effective negotiations and interest arbitration
d) Recognition of weaknesses in arbitration awards.

Separate intergroup comparisons of the respondents revealed that there were significant differences between union and management on many items. For example, when indicating limitations of interest arbitration, members of management mentioned the chairperson's inadequate knowledge of hospital issues most often and the excessive time required to reach an arbitrated settlement was the second most frequently mentioned limitation. On the other hand, officials from the nurses' union referred to the excessive time most often while the chairperson's inadequate knowledge of hospitals' and nurses' issues was the second most frequently mentioned limitation.

Certain limitations of this study are worth noting. As centralized bargaining becomes a more popular method of negotiating province wide

agreements which apply to all unionized nurses in the province, officials in individual hospitals are apt to participate in interest arbitration proceedings to a lesser extent than if there were decentralized bargaining. Subjects who have been appointed to their position only recently are less likely to have personal experience with interest arbitration.

In September 1982 Ontario Premier William Davis unveiled an inflation controls program which imposed a limit on the salary increases of public employees. Under the control program ceilings of nine percent in 1982-3 and five percent in 1983-4 were placed on nurses' salaries. The introduction of the program neutralized the effectiveness of interest arbitration in the settlement of wage disputes. Consequently the attitudes of subjects toward interest arbitration as measured in the study might have been influenced by the stipulations of the *Inflation Restraint Act.*

Finally, the study dealt with the attitudes of officials from management and the ONA locals in Ontario public hospitals only. Extreme caution is advised in extrapolating the findings of the study to include officials from other unions which represent hospital employees in Ontario public hospitals, as well as other ONA local officials which represent nurses in nursing homes, homes for the aged, public health units and other health care facilities.

POLICY ISSUES

If interest arbitration is to be viable, then its users should perceive the procedure to be acceptable and fair. The findings of this study indicate that officials from management and from nurses' union locals in Ontario hospitals accept the procedure over the right to strike; however, there is considerable evidence to show that the respondents tend to view interest arbitration as somewhat unfair. The responsibility of keeping interest arbitration on an even keel rests with the government as well as with the users of the impasse settlement mechanism.

Based on the responses analysed in this study, some recommendations could be made. Most of these recommendations coincide with those made by the 1974 Hospital Inquiry Commission (Johnston et. al., 1974) and thus would simply confirm what other researchers have found. The Ontario government could enhance the fairness of interest arbitration by appointing or providing for the appointment of a permanent panel of arbitrators. Members of the panel would specialize in hospital interest arbitration and would be knowledgeable of the economic and organizational aspects of managing a hospital, as well as of the current concerns of nurses and other

hospital employees and unions. Also, if criteria to guide the permanent arbitrators in the design of their hospital awards were included in legislation, then a greater consistency among awards could be expected. It should be borne in mind, however, that statutory criteria may only be used as a guide and that they will be shaped by the parties and the arbitration boards themselves (Adams, 1981; Fraser, 1982). The wording of awards handed down by permanent arbitrators is apt to be understood more readily and implemented with greater ease. Similarly, if reasons were included in the written awards, a greater understanding of the arbitrators' decision would result.

Time limits could also enhance the fairness of interest arbitration. By legislating and enforcing the maximum amount of time allowable for each stage of bargaining, a more efficient system could be obtained. Not only would new collective agreements be implemented sooner, but workers would receive adjustments to wages and fringe benefits on a more timely basis. This would serve to make the interest arbitration process more fair to union and management officials.

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L'arbitrage des conflits d'intérêts dans les hôpitaux ontariens
Perceptions des dirigeants patronaux et syndicaux

Des études antérieures traitant des conflits d'intérêts dans les hôpitaux en Ontario se fondaient sur les opinions des arbitres engagés dans le système ainsi que sur celles d'autres personnes intéressées aux arbitrages. La présente étude repose sur une enquête au sujet des perceptions que s'en font les dirigeants des hôpitaux et des syndicats.

Des questionnaires présentant 22 énoncés sur différents aspects de l'arbitrage des conflits d'intérêts ont été adressés à 566 administrateurs dans plus de 141 hôpitaux publics ainsi qu'à 143 sections locales de l'*Ontario Nurses Association*. Sur ce nombre, on a pu utiliser 196 réponses, soit pour l'analyse factorielle ou discriminante.

L'analyse factorielle a dévoilé que les répondants n'étaient pas satisfaits des présidents des tribunaux d'arbitrage non plus que de leurs décisions. Toutefois, ils favorisaient dans une certaines mesure le processus de règlement des impasses et se préoccupaient de la nécessité de négociations et d'arbitrages efficaces.

L'analyse discriminante qui portait sur les comparaisons entre les deux groupes a montré que les administrateurs s'inquiétaient davantage des connaissances insuffisantes des présidents de conseils d'arbitrage et du temps démesuré nécessaire pour en arriver à une décision. Les dirigeants des syndicats étaient du même avis, mais selon un ordre différent.

L'étude a aussi révélé qu'administrateurs et chefs syndicaux dans les hôpitaux ontariens aimeraient qu'on mette à leur disposition des arbitres à temps plein ayant une connaissance convenable de l'administration et des soins hospitaliers. Les dirigeants syndicaux souhaiteraient en outre que des délais soient fixés par la loi en matière de procédure d'arbitrage alors que les représentants des employeurs préconiseraient la nécessité de nouvelles voies d'accès en vue de résoudre les impasses.

En conclusion, l'article traite des implications de cette enquête sur le rôle du gouvernement touchant la procédure à établir en matière d'arbitrage des conflits d'intérêts dans les hôpitaux en Ontario.